



County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE
SCHOOL HEALTH SERVICE

FOR THE YEAR 1966

BY

ROBERT MITCHELL

B.Sc., M.B., Ch.B., D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER



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Annual Report of the Principal School Medical Officer For the Year 1966

To the Chairman and Members of the Education Committee.

I have the honour to present my Annual Report for the year 1966.

There were no serious outbreaks of infectious disease during the year. There were 3 cases of scarlet fever compared with none in 1965. There were 213 cases of measles compared with 254 in 1965, and 24 cases of whooping cough compared with 13 in 1965. There were no cases of pulmonary tuberculosis.

The scheme for B.C.G. Vaccination of school children of age 13 years and over continued to operate. During the year 603 children were tested, of whom 97 were positive, 501 negative, and 500 of the latter were vaccinated against tuberculosis.

A feature of the year was an outbreak of scabies—the first for many years. This has been noted throughout the country. Various explanations for this have been postulated. Some experts think that the disease appears in cycles of about 15 years. Other experts suggest that the present younger generation of doctors, many of whom had never seen a case of scabies, did not diagnose it, and the untreated cases spread the infestation through the community. Treatment has to be vigorous and complete and given to all members, including the adults, of an infested family. During the year 86 cases of scabies were treated at the School Clinic compared with 18 in 1965. There was also a small increase in the number of children found to be infested with vermin.

Dr. W. R. Henwood, Assistant Medical Officer of Health and School Medical Officer, was seconded by the Corporation to a Course lasting 9 months, at the London School of Hygiene and Tropical Medicine, leading to the Diploma in Public Health. He commenced the course in October, 1966, and I have been very fortunate in securing the services of Dr. Malcolm Allan, who recently retired from the posts of Medical Officer of Health to Swadlincote Urban District

Council, Repton Rural District Council, and Assistant Medical Officer of Health and School Medical Officer to Derbyshire County Council, as a Temporary Assistant Medical Officer of Health and School Medical Officer, during Dr. Henwood's absence.

Owing to the financial situation, the much needed additional accommodation at the School Clinic, 32 Union Street, could not be provided, likewise some very desirable additional equipment for the Doctors and the Speech Therapist had to be deferred.

I am glad to report that a start has been made in the provision of the new Bitham Day School for Educationally-Subnormal Children, and I hope that, in the not too distant future, a Day School will be provided for Physically-Handicapped Pupils.

I wish to record my thanks to the Children's Care Committee, whose Secretary, Miss P. M. Evershed, arranged for 8 children to have periods varying between 17 days and 6 weeks at Convalescent Homes, and to the Trustees of the Burton upon Trent Consolidated Charities, who provided maintenance for these 8 children at the Convalescent Homes.

I wish to express my thanks to the Committee for their support during the year, to the Director of Education and his staff, to the Heads of the Schools for their valuable assistance, to the general practitioners for their co-operation, and to Drs. G. M. Curtois and Malcolm Allan, who have been largely responsible for the preparation of this report.

I am,

Your obedient Servant,

ROBERT MITCHELL,

Principal School Medical Officer.

Staff of the School Health Service

Principal School Medical Officer :

ROBERT MITCHELL, B.Sc., M.B., Ch.B., D.P.H.

School Medical Officers :

G. M. CURTOIS, M.R.C.S., L.R.C.P., D.P.H.

W. R. HENWOOD, B.Sc., M.B., Ch.B.

M. ALLAN, M.B., Ch.B., D.P.H. (*Temporary*)
(*Commenced 28/11/66*)

Principal Dental Officer :

A. NOEL STANNARD, L.D.S.

Consultant Dental Surgeon :

A. CORNFORD BOWDEN, F.D.S., Eng. and Ed., H.D.D.
(*Part-time*)

Consultant Anaesthetist :

GEORGE QUAYLE, M.R.C.S., L.R.C.P., F.F.A.R.C.S., Eng., D.A.
(*Part-time*)

Senior Dental Officer :

C. S. LIDDLE, L.D.S., R.C.S., Ed.

Dental Officers (Part-time) :

ROY THOMPSON, L.D.S., B.D.S.

G. M. HURST, L.D.S., B.D.S.
(*Resigned 27/5/66*)

Speech Therapist :

F. BROOK, F.C.S.T.

Speech Therapist (Part-time) :

MRS. M. RUDIN, L.C.S.T.

School Nurses :

MISS O. D. MARKS, S.R.N.
MRS. M. T. POPIKAS, S.R.N., S.C.M.

Dental Auxilliary :

MISS M. PILLAR

Dental Attendants :

MRS. E. M. ROULSTONE
MRS. E. CLAMP
MISS C. HOWELL (*Commenced 1/8/66*)
MISS A. TAYLOR (*Resigned 30/12/66*)

Clerks :

MRS. J. E. TOOGOOD
MRS. J. BENTLEY
MRS. M. B. M. HAMP (*Part-time*)

Cleansing Assistant (Part-time) :

MRS. B. FREEMAN

1. Staff Changes. Dr. W. R. Henwood was given leave of absence to take a Diploma in Public Health at the London School of Hygiene and Tropical Medicine. The course began in September 1966 and is expected to finish in July 1967. During his temporary absence we have been fortunate in obtaining the services of Dr. M. Allan who, until his recent retirement, was M.O.H. to Repton R.D.C. and Swadlincote U.D.C.

2. Medical Inspections. The School Medical Officers have carried out routine examinations of all infants during their first year at school.

In Junior schools, inspections were once again confined to the re-inspection of children with known defects and to such children who were referred with suspected defects by the school staff or school nurses to the medical officers.

At the school leaver stage all children were seen, weighed and measured and had their vision and colour vision tested by the school nurses. As a result a number of children were brought forward for more detailed examination. School staffs and parents also requested that a further proportion of these children be examined for suspected defects by the School Medical Officers. Parents of all children in this age group are offered an appointment with the School Medical Officers and a small number of parents avail themselves to this facility. An increasing number of children in this age group are also seen each year in conjunction with continental journeys and other courses of a residential or camping nature.

The school nurses visited each school at least once a term for purposes of performing either vision testing and/or head inspections. Any defects noted at these visits are also reported to the School Medical Officers.

Visits have also been made to schools by the Principal Dental Officer to carry out dental examinations and some schools have also been visited by the senior Speech Therapist.

An increasing number of children are referred each year to the school medical service by parents and G.Ps.

The attendances of parents at routine medical examination of school entrants remains on the whole extremely good but at some schools the attendance still leaves much to be desired. Unfortunately, it is usually in the cases where the parents do not attend that there is most need for consultation between doctor and parent.

Taken generally, the accommodation for the performance of routine medical examination, vision testing and head inspections remains very good, although in one or two of the older schools the conditions are still not ideal. In all schools, however, with the co-operation of the head teachers and staff the work has progressed smoothly.

3. Findings of the Medical Inspection and Treatment of Defects.

(a) **General Condition.** On examination, the children are divided into two categories: "Satisfactory" and "Unsatisfactory", according to their physique, height-weight ratio and present state of health.

The general condition of entrants during 1966 is shown below:

Satisfactory	Unsatisfactory
99.44	0.56

On the whole, the standard of nutrition is high and the general condition of the children can be regarded as satisfactory.

With the co-operation of the General Practitioners, Specialist opinion and care has been obtained where necessary. Co-operation with the Burton General Hospital has also been well maintained, and copies of reports of all school children seen by the Specialists at the Hospital are received by the School Medical Service. This is a great help to the Medical Officers concerned.

(b) **Nose and Throat Defects.** Medical Inspection revealed 138 defects of the nose and throat, the great majority being either enlargement of tonsils and adenoids or persistent nasal catarrh.

Cases considered to be in need of operative treatment are, with the co-operation and agreement of their General Practitioners, referred to either Mr. R. L. Flett, M.D., F.R.C.S., E.N.T. Surgeon at the Burton General Hospital, or Mr. H. W. McFarlane, F.R.C.S. at the

Derbyshire Children's Hospital, who once again have been most helpful in dealing with cases regarded by the School Health Service as being in need of urgent treatment.

It is satisfactory to be able to report that a very large proportion of the children who have their tonsils and adenoids removed appear to improve in their general health as a result of the operation.

(c) **Ear Defects.** During 1966, 9 children from Burton upon Trent were in special residential schools for deaf or partially hearing children. One boy was in Needwood School for the Partially Hearing, and four boys and four girls were in the Derby Royal School for the Deaf. During the year, two pupils were equipped with hearing aids, bringing the number of children in Burton equipped with such apparatus to 14. With the aid of the hearing aids these children have been able to continue their education at ordinary schools in the Borough. All such children are seen at least once a year by one of the School Medical Officers.

(d) **Defects of Vision.** The special Eye Clinic provided at the Burton General Hospital for school children continued to function well.

- (a) The number of cases referred to the Ophthalmologist during 1966 was 209.
- (b) The number of cases to whom prescriptions for spectacles were given was 120.
- (c) 3,227 children were tested by the School Nurses in the schools, of these, 139 were found to require specialist treatment.

As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic held at the Burton General Hospital for school children, or to attend an optician of his or her own choice.

(e) **Orthopaedic Defects.** Children suffering from orthopaedic abnormalities requiring active treatment are referred to the Burton General Hospital, with the assent of the child's own doctor.

Advice is given at the School Clinic for minor defects.

As previously, poor posture, flat feet, and knock knees are the commonest orthopaedic defects found in school children.

107 children were found with orthopaedic defects at the school routine examinations.

(f) **Diseases of the Skin.** 86 cases of Scabies were treated during the year.

The number of cases seen in the previous ten years were :

1965—18. 1964—20. 1963—0. 1962—0. 1961—0.

1960— 0. 1959— 1. 1958—0. 1957—7. 1956—3.

For the third successive year there have been a number of cases of scabies in the Borough. This year there has been a considerable increase in the number of cases treated in the School Clinic. This in all probability reflects a true increase in the incidence in the Borough, as apart from this Clinic a number of other cases are being treated by their own doctors.

(g) **Speech Therapy.** Mr. F. Brook, F.C.S.T. (full time), and Mrs. M. Rudin, L.C.S.T. (part time), constitute the staff of the Speech Clinic. Mr. Brook reports as follows :

The figures for the year bear a marked resemblance to those of the previous year. Most of the children found to be in need of speech therapy were referred as a result of visits to schools by the School Medical Officers or Speech Therapists. The 92 children referred during the year added to those already receiving treatment, by no means represents the full extent of the speech defect problem. Many other children were examined or reported on as having defects of speech and perhaps because their problem is one which might be expected to resolve itself as the child matures, such children are kept under observation until another year. Some of these children would undoubtedly benefit by having treatment but the present staff is fully extended.

During the year 5 children had to be discharged showing little or no improvement and 3 others discharged perhaps only halfway towards complete adjustment. In addition, the treatment of perhaps another 20 children is being unduly prolonged because of parents' lack of interest or inability to provide reasonable co-operation. Reasonable co-operation may be taken to mean that the parents concerned are

anxious for their child's speech to be improved, that they should show interest as they watch a demonstration treatment period, and are prepared to repeat the prescribed exercises for about five minutes each day at home. A few parents ignore invitations to bring their children for treatment and whilst the law provides for pressures to be brought to bear in such cases it is unlikely that treatment conducted in such an atmosphere would serve any useful purpose.

Next year it is hoped to commence two speech therapy sessions at the Stapenhill Infant Welfare Clinic. This clinic provides the new buildings and clinical atmosphere that only a purpose-built clinic can provide. Furthermore, the clinic and its large grass surround provides the quietness which is desirable for speech therapy. The new surroundings should have a beneficial effect on patients, parents, and staff alike and will be much more convenient for children living east of the river.

F. BROOK, F.C.S.T., *Speech Therapist.*

Number of children treated :	Boys	..	..	..	115
	Girls	..	..	..	79
					<hr/> 194 <hr/>

(a)	Stammerers	..	..	..	..	25
(b)	Defects of articulation		..	..	..	129
(c)	Delayed language development			..	..	24
(d)	Cleft palate speech	..	..	..	..	7
(e)	Voice disorders	..	..	..	..	5
(f)	Developmental Executive Dysphasia	..		..	..	3
(g)	Spastic dysarthria	..	..	..	..	1
						<hr/> 194 <hr/>

Discharged :

Adjusted	65
Partly adjusted	5
Unadjusted (chiefly because of parents' inability to co-operate)	3
Uneventuated (e.g. chiefly those who made a spontaneous recovery whilst awaiting treatment)	12
Transferred (e.g. to residential schools)	5
	<hr/>
	90
	<hr/>

Total attendances	1,488
Total on roll receiving treatment at 31st Dec., 1965	108
No. of children on waiting list at 31st Dec., 1965	27
No. of children referred during year	92
No. discharged during year	90
No. of children receiving treatment at 31st Dec., 1966	111
No. of children on waiting list at 31st Dec., 1966	26
No. of school visits made	22
No. of children seen during school visits	123

(h) **Infestation with Vermin.** The total number of examinations by School Nurses during 1966 was 19,863. 242 children were found to be infested with vermin and 34 in a generally dirty condition which was a small increase on the previous year. There were 192 exclusions as compared with 119 in the preceding year. The services of the Cleansing Assistant every morning during term time and occasionally during the holidays has been of the utmost assistance especially in view of the increase in the cases of scabies, quite apart from the numbers of head infestations. As usual the majority of infestations come from a hard core of families whose names appear regularly in the Head Clinic.

40 children had to be excluded twice during the year and 16 on three occasions and all of these children, with two exceptions, had other exclusions noted in previous years. These children are clear of infestation by the end of any one term but all seem to have brothers and sisters of under or over school age at home who appear to re-infect them during the school holidays.

Treatment for infested and dirty children is available at the School Clinic. Many cases are allowed to attend school provided that they are attending regularly for such treatment. A child who is heavily infested, or so dirty as to be offensive or who does not attend the School Clinic for treatment, is excluded from school until certified clean. During the year it was found necessary to issue 22 Cleansing Notices and 17 Cleansing Orders.

(i) **Plantar Warts.** The number of children attending the School Clinic for this painful complaint showed a marked increase from 99 cases in 1965 to 148 cases in 1966. This increase is probably due to more cases being referred to the School Clinic by the General Practitioners. The routine treatment with Chlorosal proved satisfactory in the majority of cases. A few were treated with Carbon Dioxide Snow, though more applications were required to get a good result.

(j) **Enuresis.** The alarm buzzers are still being used in selected cases of Enuresis. In all 47 cases have been investigated by the School Nurses during the year under review and of these 36 were found suitable for a trial with these machines. As a result 20 were cured ; 5 improved, 7 failed to respond and 6 were still under treatment at the end of the year. From the experience gained over the past years with these machines, it would seem that they have a definite place in the treatment of this condition. It is important, however, that full co-operation is obtained with parents and children.

Report of the Principal School Dental Officer

The Staff changes which have occurred during the past year are as follows :—

Mr. Malcolm Hurst, B.D.S., L.D.S., ceased to visit for part-time duties on May 27th, 1966. No replacement has been forthcoming.

One Dental Surgery Assistant was appointed to be Chairside Assistant to our Dental Auxiliary. She commenced duties on August 1st, 1966.

One Dental Surgery Assistant has resigned with effect from 31st December, 1966, to take up General Nursing duties at the Burton General Hospital. A replacement is in the process of being appointed, and will commence duties in the New Year.

Within the County Borough, the rhythm of Dental services available in previous years has been continued.

School inspections have been concentrated on the Infant and Junior Schools. During these inspections it has been noticed that many children are now receiving more dental treatment than just "casual" extractions. This treatment is being done both at the School Clinic and by the general Dental Practitioners. At previous School inspections in this age group, this was not so evident. It is considered possible that the School inspections, with the sending of reminders to parents of children in need of dental treatment, has triggered off the desire to seek further examination and treatment.

As mentioned in a previous report, some children continue to present themselves for treatment and examination with an oral cleanliness which leaves much to be desired.

The Mechanical Dentistry for the County Borough Dental Service continues to be processed by the Dental Technicians attached to the Burton General Hospital, and has proceeded satisfactorily over the year.

The general anaesthetic at Anaesthetic Sessions continue to be administered by the Consultant Anaesthetist, Deputy Medical Officer of Health and Assistant Medical Officer of Health.

A. N. STANNARD, L.D.S.,

Principal School Dental Officer.

4. Handicapped Pupils. The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Attending special School	At ordinary School	At no School	Total not attending special School
Blind	1	—	—	—
Partially Sighted	3	—	—	—
Deaf	8	—	—	—
Partially Hearing	3	—	—	—
Delicate	—	6	1	7
Educationally Sub-normal	8	82	—	82
Epileptic	1	7	—	7
Physically Handicapped	4	19	2	21
Maladjusted	6	—	—	—
Speech Defect	1	194	—	194
	35	308	3	311

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 51 children were assessed during 1966 with the following results :—

Children examined under Section 57 (5)	—
Children examined under Section 57 (3)	5
Children examined and found E.S.N.	42
E.S.N. Children re-examined	—
Children examined and found normal	—
Children examined and found maladjusted	3
S.S.N. re-examined and found E.S.N.	1

The special classes for retarded children now at Christ Church School, Anglesey Secondary Modern School and Horninglow Secondary Modern School continue to function satisfactorily.

These classes were visited during the year by Medical Officers who found that good progress is being made with these children.

Child Guidance Clinic. The facilities of the Child Guidance Clinic in Lichfield remain available throughout the year, but shortage of staff there and heavy case load entailed a long waiting period for cases to be seen. In all 8 cases have been seen by Dr. Baker this year which is a slight improvement on the previous year when only 6 were seen. The procedure is the same as before all cases being referred to Dr. Ramage, Principal School Medical Officer for Staffordshire.

5. Infectious Diseases. During the year under review the procedure as instituted during 1964 for the immunisation of children commencing school was continued. This has resulted in considerably more children receiving the combined Diphtheria/Tetanus immunisation procedure as compared with a relatively small increase in those receiving the Diphtheria immunisation alone.

The number of children immunised by the School Health Service during 1966 was as follows :

(1)	Number of children who received a full course of Diphtheria/Tetanus immunisation	.. ..	96
(2)	Number of children who received a full course of Diphtheria immunisation	.. .. .	41
(3)	Number of children who received a reinforcing or booster dose of Diphtheria antigen	.. ..	675
(4)	Number of children who received a reinforcing or booster dose of Diphtheria/Tetanus antigen	..	503

The number of cases of Infectious and other Notifiable Diseases occurring in school children during 1966 was as follows :—

<i>Disease</i>	<i>Number notified</i>	<i>Admitted to Hospital</i>
Diphtheria	0	0
Poliomyelitis	0	0
Scarlet Fever	3	0
Whooping Cough	24	0
Meningococcal Meningitis	0	0
Measles	213	1
Pneumonia	0	0
Respiratory Tuberculosis	0	0
Non-Respiratory Tuberculosis	0	0
Dysentery	0	0

6. B.C.G. Vaccination.

Contact Scheme. Dr. M. B. Paul, the Chest Physician, carried out Heaf Skin testing of child contacts of cases of Tuberculosis. He gave B.C.G. Vaccination to those with negative skin reactions. Seventeen were successfully vaccinated under this scheme in 1966.

School Children Scheme. The scheme, which was started in 1963, was continued, B.C.G. vaccination being offered to all children of 13 years and over attending the schools in Burton upon Trent. A very good response was again received from the parents, the vast majority of whom were glad to have their children vaccinated.

Excellent co-operation was also received from the School Staffs and from the children themselves ; no difficulty being experienced either in the skin testing or subsequent vaccinations. There were no severe reactions.

During the year 603 were given the Heaf Skin Test. As a result 97 children were found to have a positive reaction and 501 a negative. Of the 501 found to be negative to the Heaf Test, 500 received B.C.G. vaccination.

7. Deaths of Children of School Age.

Four School children died in 1966 :—

- | | | | |
|-----|---------------------|----|--|
| (1) | Girl, aged 9 years | .. | Acute Blast-cell Leukaemia |
| (2) | Girl, aged 14 years | .. | (a) Malignant Ascites
(b) Malignant Ovarian Cyst |
| (3) | Girl, aged 6 years | .. | Fractured Skull
Road Accident
Accidental Death |
| (4) | Boy, aged 13 years | .. | Fractured Skull
Road Accident
Accidental Death |

8. Minor Ailments.

The Authority maintains the School Clinic which is situated in a specially-adapted building at No. 32 Union Street. This building is used for School Medical purposes, and it also contains the Speech Therapy Clinic. Minor Ailments Clinics with a School Medical Officer in attendance are held daily, between 9 and 10 a.m., including those periods when schools are closed for holidays.

All Medical Records of School Children are kept at the School Clinic, and these are frequently referred to by Medical Officers when making special medical examination of children.

During 1966, there were 2,400 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfection. This figure showed an increase of 162 over the attendances for 1965.

9. Employment of School Children.

The following table shows the number of children examined and passed fit for employment.

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newspaper Delivery			103	19	122
Milk Delivery			2	—	2
Shop Assistants			4	15	19
Errand Boys			13	—	13
Delivery of Circulars			2	—	2
Clerical Duties			—	1	1
			<hr/>	<hr/>	<hr/>
			124	35	159
			<hr/>	<hr/>	<hr/>

10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	809,742
Staff and Helpers	74,979
Students	6,068
	<hr/>
Total	890,789
	<hr/>

7,977 children were supplied with milk during the year.

11. **Children's Care Committee.** I am indebted to Miss P. M. Evershed for the following report, and I thank the Committee for this valuable assistance.

CHILDREN'S CARE COMMITTEE

Report for the Year 1966

The Children's Care Committee was appointed by the Education Committee for work in 1966, and was constituted as follows :—

Miss P. M. Evershed, Mrs. J. George, Mrs. M. C. Hill, Mrs. R. Lorimer, Mrs. Perry and Miss G. Rowland.

The officers elected for 1966 were :—

<i>Chairman</i>	..	..	..	..	Mrs. J. George
<i>Vice-Chairman</i>	..	..	..	..	Mrs. R. Lorimer
<i>Hon. Secretary and Treasurer</i>	..	..	..	..	Miss P. M. Evershed

The Committee met six times during the year.

Nine cases were reported to them and were dealt with as follows :

Sent to Convalescent Home :

1.	Boy	aged	8½	years	..	..	Charnwood Forest	for 17 days
2.	Girl	„	9½	„	..	..	Date fixed for admittance, did not go and left Burton.	
3.	Boy	„	5¾	„	..	..	Charnwood Forest	for 6 weeks
4.	Girl	„	5¾	„	..	..	„	„ for 6 weeks
5.	Boy	„	7	„	..	..	„	„ for 4 weeks
6.	Girl	„	7¼	„	..	..	„	„ for 4 weeks
7.	Boy	„	7½	„	..	..	„	„ for 4 weeks
8.	Girl	„	6¾	„	..	..	„	„ for 4 weeks
9.	Girl	„	10¾	„	..	..	Roecliffe Manor	for 3 weeks

In February, Mrs. R. Lorimer died. Mrs. Lorimer joined the Committee in February, 1946, and had been a very valued Member for twenty years, and Vice-Chairman for the last three years. She had carried out the work in a sympathetic and very reliable manner and would be greatly missed.

In July, a letter was received from the Charnwood Forest Convalescent Home, stating that the Home was being taken over by the Church of England Children's Society and would not be available for Convalescent cases. At the end of September, a new Convalescent Home was found—Roecliffe Manor at Woodhouse Eaves, and they were willing to admit our children.

In November, Mrs. E. Clarson joined the Committee.

In December, the Committee suffered a great loss in the death of Mrs. J. George, who had been a Member for twenty years and Chairman for the last three years. She had been a thorough worker and very valued Member and an excellent Chairman and would be missed very much.

The Feoffees provided maintenance at the Convalescent Home for 8 children for 33 weeks and 3 days. The Committee record their appreciation and thanks for this help.

(Sgd.) G. M. ROWLAND,
Chairman.

(Sgd.) PHYLLIS M. EVERSLED,
Hon. Secretary.

11th January, 1967.

MEDICAL INSPECTION TABLES, 1966

Number of Children.

Average number of children on the roll	..	..	10,018
Average attendance	..	..	9,076

Table 1

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Pupils examined in each :

Entrants	..	..	..	..	..	..	845
Leavers	..	..	..	..	..	..	781
Others	..	..	..	..	..	..	105
Total	..	..	..	..	..	..	1,731

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	537
Number of Re-Inspections	..	..	..	..	1,369
Total	..	..	..	..	1,906

C.—PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)
1962 and later	—	—	—
1961	—	42	32
1960	3	74	63
1959	2	70	55
1958	—	5	5
1957	1	6	5
1956	1	1	2
1955	—	—	—
1954	—	—	—
1953	—	—	—
1952	—	—	—
1951 and earlier	39	29	62
TOTAL	46	227	224

**D.—CLASSIFICATION OF THE PHYSICAL CONDITION
OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED
IN TABLE 1 A**

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
(1)	(2)	(3)	(4)	(5)	(6)
1962 and later	—	—	—	—	—
1961	491	490	98 8	1	0.2
1960	354	349	98 6	5	1.4
1959	46	45	97 8	1	2.2
1958	15	14	93 3	1	6.7
1957	16	16	100	—	—
1956	10	10	100	—	—
1955	9	9	100	—	—
1954	5	5	100	—	—
1953	—	—	—	—	—
1952	4	4	100	—	—
1951 and earlier	781	781	100	—	—
TOTAL	1731	1723	99.5	8	0.5

Table II

Infestation with Vermin

(i)	Total number of individual examinations of pupils in Schools, by the School Nurses or other authorised persons ..	19,863
(ii)	Total number of individual pupils found to be infested ..	242
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	22
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944)	17

Table III
Defects found by Medical Inspection
A.—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)			Periodic Inspections			
				Entrants (3)	Leavers (4)	Others (5)	Total (6)
4	Skin	T	10	—	—	—	10
		O	20	15	2		37
5	Eyes—						
	(a) Vision ..	T	4	20	2		26
		O	21	113	4		138
	(b) Squint ..	T	11	2	1		14
		O	27	5	1		33
	(c) Other ..	T	1	—	—		1
		O	6	16	—		22
6	Ears—						
	(a) Hearing ..	T	1	—	—		1
		O	20	1	2		23
	(b) Otitis Media	T	2	—	—		2
		O	16	4	—		20
	(c) Other ..	T	—	—	—		—
		O	7	—	1		8
7	Nose and Throat	T	26	1	1		28
		O	103	11	11		125
8	Speech	T	22	1	1		24
		O	79	4	4		87
9	Lymphatic Glands	T	12	—	1		13
		O	47	—	4		51
10	Heart	T	1	—	1		2
		O	5	—	—		5
11	Lungs	T	7	—	2		9
		O	18	7	4		29
12	Developmental—						
	(a) Hernia ..	T	—	—	—		—
		O	—	—	—		—
	(b) Other ..	T	2	—	—		2
		O	14	4	1		19
13	Orthopaedic—						
	(a) Posture ..	T	—	—	—		—
		O	3	5	—		8
	(b) Feet ..	T	3	—	—		3
		O	29	3	3		35
	(c) Other ..	T	3	—	—		3
		O	40	11	6		57
14	Nervous System—						
	(a) Epilepsy ..	T	—	—	—		—
		O	2	3	1		6
	(b) Other ..	T	1	—	—		1
		O	3	2	—		5
15	Psychological—						
	(a) Development	T	—	—	—		—
		O	13	1	2		16
	(b) Stability	T	3	—	—		3
		O	39	9	—		48
16	Abdomen ..	T	—	—	—		—
		O	3	—	1		4
17	Other	T	—	—	—		—
		O	2	—	—		2

Table III (*continued*)
B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)				Special Inspections	
					Requiring Treatment (3)	Requiring Observation (4)
4	Skin	..	..	..	—	—
5	Eyes—(a) Vision	..	..	..	1	—
	(b) Squint	..	..	..	1	—
	(c) Other	..	..	..	—	—
6	Ears—(a) Hearing	..	..	..	11	—
	(b) Otitis Media	..	..	..	—	—
	(c) Other	..	..	..	—	—
7	Nose and Throat	..	..	..	24	—
8	Speech	..	..	..	—	—
9	Lymphatic Glands		..	..	—	—
10	Heart	..	..	..	—	—
11	Lungs	..	..	..	—	—
12	Developmental— (a) Hernia	..			—	—
	(b) Other	..	..	..	—	—
13	Orthopaedic— (a) Posture	..			—	—
	(b) Feet	..	..	..	—	—
	(c) Other	..	..	..	1	—
14	Nervous System—(a) Epilepsy	..			—	—
	(b) Other	..	..	..	—	—
15	Psychological— (a) Development	..			—	—
	(b) Stability	..			—	—
16	Abdomen	..	..	..	—	—
17	Other	..	..	..	—	—

Table IV

Treatment Table

Group 1.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	10	15
Errors of refraction (including squint)	209	28
TOTAL	219	43
Number of pupils for whom spectacles were prescribed	102	18

Group 2.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	2
(b) for adenoids and chronic tonsillitis	—	109
(c) for other nose and throat conditions	—	6
Received other forms of treatment	3	22
TOTAL	3	139

Total number of pupils in schools who are known to have been provided with hearing aids—

(a) in 1966	—	2
(b) in previous years	—	12

Group 3.—Orthopaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments	—	258

Group 4.—Diseases of the Skin (excluding uncleanness)

						Number of cases treated or under treatment during the year by the Authority
Ringworm—	(i) Scalp	..	..	..	..	—
	(ii) Body	..	..	..	..	2
Scabies	..	..	..	..	..	86
Impetigo	..	..	..	..	..	2
Other skin diseases	..	..	..	..	..	22
TOTAL						112

Group 5.—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	8
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Group 6.—Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	194
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Group 7.—Other Treatments Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	253
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	500
(d) Other than (a), (b) and (c) above	—
<hr/>	
Total number of attendances at Authority's Minor Ailments Clinics	2,400
Total number of attendances including uncleanliness	6,410

Table V
Dental Inspection and Treatment

Attendance and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit	1,118	843	102	2,063
Subsequent visits	2,675	2,605	379	5,659
Total visits	—	—	—	7,722
Additional courses of treatment commenced	127	79	8	214
Fillings in permanent teeth	1,021	1,710	286	3,017
Fillings in deciduous teeth	1,545	173	—	1,718
Permanent teeth filled	861	1,526	264	2,651
Deciduous teeth filled	1,416	160	—	1,576
Permanent teeth extracted	49	330	42	421
Deciduous teeth extracted	1,188	441	—	1,629
General anaesthetics	476	219	8	703
Emergencies	349	180	23	552

Number of Pupils X-Rayed	83
Prophylaxis	1,288
Teeth otherwise conserved	136
Number of teeth root filled	4
Inlays	2
Crowns	12
Courses of treatment completed	1,281

Orthodontics :

Cases remaining from previous year	50
New cases commenced during year	49
Cases completed during year	35
Cases discontinued during year	5
No. of removable appliances fitted	72
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant	5

Prosthetics

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	—	5	2	7
Number of dentures supplied	—	8	4	12

Anaesthetics

General Anaesthetics administered by Dental Officers	9
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Inspections :

(a) First inspection at school. Number of Pupils	2,462
(b) First inspection at clinic. Number of Pupils	2,174
Number of (a) + (b) found to require treatment	3,013
Number of (a) + (b) offered treatment	2,996
(c) Pupils re-inspected at school or clinic	189
Number of (c) found to require treatment	99

APPENDIX

PHYSICAL EDUCATION REPORT FOR THE YEAR 1966

I propose to confine myself to reporting something of the recent progress in physical activities in the Borough and, with less certainty, of future prospects.

Primary Schools

We have never had cause to regret the decision made in 1961 to provide some permanent gymnastic apparatus in our Primary Schools and at the beginning of the year 10 school halls had been equipped. Four further school halls (Broadway, Uxbridge, Christ Church and Anderstaff) have been likewise furnished, in a year which may well be remembered for its flattening of growth curves.

In November, we were heartened by the Authority's amended development plan, which promises to modernize our Primary Schools on a scale comparable with the 1947 building programme for Secondary Schools. In the meantime and while awaiting the new schools to get under way, we can hopefully expect some further partial modernisation of existing schools.

Secondary Schools

Construction started in the Spring of 1966 of the new Winshill Secondary School. Its gymnasium will provide a working area of 70' \times 40' together with the usual ancillary rooms. Innovations include a covered assembly area adjacent to the changing rooms for users of the playing fields, while the gymnastic equipment will include a tubular alloy heaving frame with a corresponding reduction in the number of beams. The heaving frame, together with the lay-out, will allow a greater variety of linkage between the various pieces of apparatus. With these exceptions, the equipment will follow the pattern of existing gymnasia and provide tools for the job.

Our experience in dealing with proposals from the schools for additional recreative activities does not bring us into agreement with those who say there are too many opportunities already. In September, a request was made for the senior pupils of the Grammar School to take up climbing as an alternative to organised games. For climbing to become a workable alternative to games, the Authority agreed to provide transport to the practice climbing face and to provide essential equipment.

Playing Fields

At Winhill, 10 acres of playing field were terraced and drained for the new 4 F.E. Secondary School. As in the case of Dovecliff, the development of the playing field went on simultaneously with the building of the school. The preparation of plans for a new E.S.N. School in Horninglow will provide a playing field of two acres, which will be comparable in every way with the standard of provision adopted for previous fields. With these additions, the total area of school playing field will be 92 acres.

At the Girls' High School under-provision is still a problem, with less than 5 acres of playing field against 10 acres which the size of the school justifies. There are no athletic facilities. Not surprisingly the Governors have urged the development of the school's playing field area should become a first priority in any Minor Works Programme.

Playgrounds

There is no point in having a playground unless it contributes to spontaneous play. Our fifteen schools built before 1902 all had playgrounds irregular in shape and inadequate in size. Yet they served as the only provision for physical activities on the school sites till the post-war years. Today, the provision of a playground has to measure up to prescribed standards because it is recognised as an educational area. Obviously, the better the surface, the greater its value. What is being done?

Some three years ago the Borough Architect's Department adopted a policy of resurfacing playgrounds more frequently instead of patching worn areas. Parmac is used exclusively, with the harder grade for Secondary schools and a softer grade for Primary schools.

Athletics

Here the winds of change are veering towards greater athleticism for girls and sterner competition in championships.

Until recently, no responsible person would have predicted anything but permanent injury at the prospect of promoting cross-country running for schoolgirls. Now the English Schools Athletic Association, to which our schools are affiliated, has resolved that cross-country championships for girls in the three age groups (juniors, intermediate and senior) be introduced in 1968. There is a finality about this

which should allay any fears of injury, providing that this event is coached and practised in a responsible way.

A further far reaching development was the preparatory move during 1966 towards the reorganisation of school championships based on Regional Associations rather than on County Associations as at present.

SWIMMING

Last year I referred to the attainments from the Authority's policy of swimming introduced in 1961. Recent records from the schools show—

- (i) that at the end of the first year in Secondary Schools (July 1966) 91% of pupils could swim against 90% for the previous year.
- (ii) that four junior schools attained over 90% of their pupils able to swim on transfer to secondary school in July, 1965, and that a further six junior schools recorded an attainment of 80 to 90%.

Enthusiasm of a high order is needed to reach this standard consistently in a swimming bath which will be 100 years old in 1970.

River Activities

While the popularity of water-borne recreation has reached an all-time record and revenue from licensing pleasure craft has shown this, some progress can be reported about our proposed River Activity Centre. The Authority has submitted the project to the Department of Education and Science for inclusion in the 1968/70 Building Programme. In the meantime we are making the best use of the Trent within the resources we can afford.

Our experience to date shows that you cannot begin to use the river unless you have a base from which to start. In addition, only experienced staff can establish standards of safety and good practice in craft handling. So far the Technical College and one Secondary School have shown a determined intention of using the river.

Conclusion

The year ended can best be described as active with the Authority continuing to do its utmost to keep things moving.

(Sgd.) J. W. PARKINSON,

Organiser of Physical Education.

